

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREAl-Muhammed Alek Shabazz
Plaintiff

v.

CMS/SCM Dept of Law. Commissioner Stanley Taylor et al
Defendant(s)APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

06 - 372

1. Al-Muhammed Alek Shabazz

declare that I am the (check appropriate box)

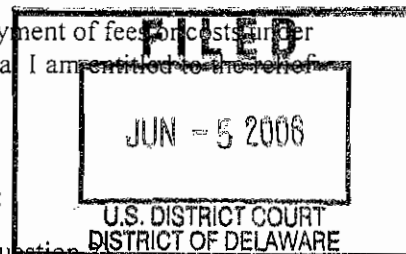
• •

Petitioner/Plaintiff/Movant

• •

Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • • Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Dela Correctional Center

Inmate Identification Number (Required):

00 241736Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment • • Yes
- b. Rent payments, interest or dividends • • Yes
- c. Pensions, annuities or life insurance payments • • Yes
- d. Disability or workers compensation payments • • Yes
- e. Gifts or inheritances • • Yes
- f. Any other sources • • Yes

• • No
• • No
• • No
• • No
• • No
• • No

account statements

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ ① \$

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

mom sister family when they can send something

I declare under penalty of perjury that the above information is true and correct.

6-1-06

DATE

Al-Muhammad Alesb Shabazz

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREAl-Muhammed Alook Shabazz (aka Roger Dennis)
PlaintiffV.
Dept of Corrections / DGS Prison
Defendant(s)APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Al-Muhammed Alook Shabazz (aka Roger Dennis) declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 00241736

Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. May 24th 04
(Det Sgt Quistis Wagner) DCC Kitchen thirty dollars & some change a month

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|-------------------------------------|
| a. Business, profession or other self-employment | • • Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | • • Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | • • Yes | <input checked="" type="radio"/> No |
| e. Gifts or inheritances | • • Yes | <input checked="" type="radio"/> No |
| f. Any other sources | <u>money from family</u> <input checked="" type="radio"/> Yes | • • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

mother Gloria J. Dennis Whatever she can a month

sister Monique M. Matthews (same)

aunts Varies 8 Days - Holidays, so forth

I declare under penalty of perjury that the above information is true and correct.

6-1-06

DATE

Al-Muhammad Aleeq Shabazz

SIGNATURE OF APPLICANT

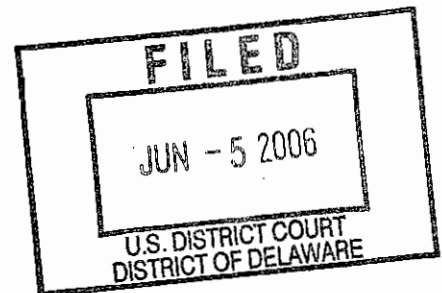
NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

06 - 372

TO: Muhammad Shabazz BI#: 241736

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account StatementDATE: May 22, 2006

Attached are copies of your inmate account statement for the months of
November 1, 2005 to April 30, 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Nov</u>	<u>3.98</u>
<u>Dec</u>	<u>29.53</u>
<u>Jan</u>	<u>.94</u>
<u>Feb</u>	<u>5.22</u>
<u>March</u>	<u>12.33</u>
<u>April</u>	<u>.01</u>

Average daily balances/6 months: 8.80

Attachments
 CC: File

Stacy Shane
 5/22/06

Michael S. Lutz
Nancy Public
 5/23/06

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit:

(-196)

I further certify that during the past six months the applicant's average monthly balance was \$

8.80

and the average monthly deposits were \$

25.83

5/2/06

Date

Stacy Shane
Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

Individual Statement

Date Printed: 5/19/2006

Page 1 of 1

For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$50.17			
00241736	Shabbaz	Muhammad							
Current Location:	22	Comments: AKA Roger Dennis/QOL4							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	12/7/2005	(\$19.59)	\$0.00	\$0.00	\$30.58	192478			
Pay-To	12/9/2005	(\$5.00)	\$0.00	\$0.00	\$25.58	193708		FAMM FOUNDATION	
Canteen	12/14/2005	(\$18.18)	\$0.00	\$0.00	\$7.40	194850			
Visit	12/19/2005	\$50.00	\$0.00	\$0.00	\$57.40	196590	4776907244		G.DENNIS
Canteen	12/21/2005	(\$19.10)	\$0.00	\$0.00	\$38.30	198064			
Pay-To	12/23/2005	(\$10.00)	\$0.00	\$0.00	\$28.30	199016		PROJECT AWARE	
Canteen	12/29/2005	(\$19.30)	\$0.00	\$0.00	\$9.00	201005			
					Ending Mth Balance:	\$9.00			

Total Amount Currently on Medical Hold: (\$1.96)

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/19/2006

Page 1 of 1

For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$9.00			
00241736	Shabbaz	Muhammad							
Current Location:	22	Comments: AKA Roger Dennis/QOL4							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	1/4/2006	(\$8.92)	\$0.00	\$0.00	\$0.08	203598			
Ending Mth Balance:					\$0.08				

Total Amount Currently on Medical Hold: (\$1.96)

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/19/2006

Page 1 of 1

For Month of February 2006

SBI	Last Name	First Name	M1	Suffix	Beg Mth Balance:	\$0.08			
00241736	Shabbaz	Muhammad							
Current Location:	22	Comments: AKA Roger Dennis/QOL4							
		Deposit or Withdrawal		Non-Medical		MO # or			
Trans Type	Date	Amount	Medical Hold	Hold	Balance	Trans #	Ck #	PayTo	SourceName
Mail	2/8/2006	\$20.00	\$0.00	\$0.00	\$20.08	220349	08344059782		J. ELLIS
Canteen	2/15/2006	(\$19.72)	\$0.00	\$0.00	\$0.36	223229			
					Ending Mth Balance:	\$0.36			

Total Amount Currently on Medical Hold: (\$1.96)

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/19/2006

For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.36			
00241736	Shabbaz	Muhammad							
Current Location:	22	Comments: AKA Roger Dennis/QOL4							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Visit	3/8/2006	\$35.00	\$0.00	\$0.00	\$35.36	232552	9252002833-21970		M. MATTHEWS
Canteen	3/16/2006	(\$19.31)	\$0.00	\$0.00	\$16.05	237863			
Canteen	3/22/2006	(\$16.01)	\$0.00	\$0.00	\$0.04	239595			
					Ending Mth Balance:	\$0.04			

Total Amount Currently on Medical Hold: (\$1.96)

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/19/2006

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For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.04			
00241736	Shabbaz	Muhammad							
Current Location:		22	Comments: AKA Roger Dennis/QOL4						
		Deposit or Withdrawal Amount		Non-Medical Hold		MO # or Ck #			
Trans Type	Date			Medical Hold	Balance	Trans #	PayTo	SourceName	
Medical	4/7/2006	\$0.00		(\$2.00)	\$0.04	246953	3/28/06		
Medical	4/7/2006	(\$0.04)		(\$1.96)	\$0.00	247363	3/28/06		
					Ending Mth Balance:		\$0.00		

Total Amount Currently on Medical Hold: (\$1.96)

Total Amount Currently on Non-Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/19/2006

Page 1 of 1

For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.04			
00241736	Shabbaz	Muhammad							
Current Location:	22	Comments: AKA Roger Dennis/QOL4							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Medical	4/7/2006	\$0.00	(\$2.00)	\$0.00	\$0.04	246953		3/28/06	
Medical	4/7/2006	(\$0.04)	(\$1.96)	\$0.00	\$0.00	247363		3/28/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$1.96)

Total Amount Currently on Non-Medical Hold: \$0.00